



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **COMMUNITY HOSPITAL NORTH**
 City of Hospital: Indianapolis
 Year Begin: 01/01/2018 (mm/dd/yyyy format)
 Year End: 12/31/2018 (mm/dd/yyyy format)
 Person Completing the Report: Paul Klassen
 Email Address: pklassenii@ecommunity.com
 Medicare Provider Number: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$870271289	Contractual Allowance	\$1018780224
Outpatient Patient Service Revenue	\$633355100	Other Deductions	\$7658616
Total Gross Patient Service Revenue	\$1503626389	Total Deductions	\$1026438840

3. Total Operating Revenue	
Net Patient Service Revenue	\$477187549
Other Operating Revenue	\$4713750
Total Operating Revenue	\$481901299

4. Operating Expenses			
Salaries and Wages	\$101542564	Employee Benefits	\$23977979
Depreciation and Amortization	\$13878210	Interest Expense	\$10779865

Bad Debt	\$10157101	Other Expenses	\$197888759
Total Operating Expenses	\$358224478		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$123676821	Total Assets	\$1158119468
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3764398
Total Net Gains	\$123676821		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$574116729	\$468914967	\$105201762
Medicaid	\$298516154	\$236968681	\$61547473
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$630993506	\$320555192	\$310438314
Total	\$1503626389	\$1026438840	\$477187549

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$7658616
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1593072	
HCI Payments	\$0		
Subtotal	\$0	\$1593072	\$-1593072
Medicaid Shortfalls	\$61547473	\$85230360	
Subtotal	\$61547473	\$86823432	\$-25275959
DSH Payments	\$0		
Subtotal	\$61547473	\$86823432	\$-25275959
Medicare Shortfalls	\$105201762	\$119416280	
Other Government Programs	\$0	\$0	
Total	\$166749235	\$206239712	\$-39490477

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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